Developmental Disabilities

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2017	ctive Eff		Unit Value	Comments
Behavioral Services											
Behavioral Line Staff	H2019	U3				\$	6.72	\$	6.79	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U3	22	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U3	TF	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling, Group	H2019	U3	TF	HQ		\$	8.52	\$	8.61	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U3	22			\$	25.29	\$	25.54	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Day Habilitation Maximum of 4,800 combir Service Plan year. Maxim Services, and Supported I	um of 7,1	12 com	bined u	units of	Specia						
Specialized Habilitation Level 1	T2021	U3	HQ			\$	2.39	\$	2.41	15 Minutes	
Specialized Habilitation Level 2	T2021	U3	22	HQ		\$	2.63	\$	2.66	15 Minutes	
Specialized Habilitation Level 3	T2021	U3	TF	HQ		\$	2.93	\$	2.96	15 Minutes	
Specialized Habilitation Level 4	T2021	U3	TF	22	HQ	\$	3.45	\$	3.48	15 Minutes	
Specialized Habilitation Level 5	T2021	U3	TG	HQ		\$	4.27	\$	4.31	15 Minutes	
Specialized Habilitation Level 6	T2021	U3	TG	22	HQ	\$	6.13	\$	6.19	15 Minutes	
Specialized Habilitation Level 7	T2021	U3	SC	HQ		\$	9.65	\$	9.75	15 Minutes	
Supported Community Connections Level 1	T2021	U3				\$	2.91	\$	2.94	15 Minutes	
Supported Community Connections Level 2	T2021	U3	22			\$	3.18	\$	3.21	15 Minutes	
Supported Community Connections Level 3	T2021	U3	TF			\$	3.59	\$	3.63	15 Minutes	
Supported Community Connections Level 4	T2021	U3	TF	22		\$	4.13	\$	4.17	15 Minutes	
Supported Community Connections Level 5	T2021	U3	TG			\$	4.97	\$	5.02	15 Minutes	
Supported Community Connections Level 6	T2021	U3	TG	22		\$	6.53	\$	6.60	15 Minutes	
Commonte d Common with	T2021	U3	SC			\$	9.65	\$	9.75	15 Minutes	
Supported Community Connections Level 7											
	1										
Connections Level 7	D2999	U3					-	Ī	-	Dollar	Please refer to DIDD Dental Fee Schedule for

Maximum of 508 units (trips) per Service Plan year (all mileage bands plus public conveyance).

Version: 1.0

Date: 06/01/2018



Developmental Disabilities

Version: 1.0

Date: 06/01/2018

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2017		Rate fective 01/2018	Unit Value	Comments
Mileage Band 1 (0-10 Miles)	T2003	U3				\$	6.20	\$	6.20	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U3	22			\$	12.98	\$	12.98	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U3	TF			\$	19.76	\$	19.76	1 Trip	
Other (public conveyance)	T2004	U3				\$	1.00	\$	1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Prevocational Services Maximum of 4,800 combin Service Plan year. Maximu Services, and Supported E	ım of 7,11	12 com	bined ι	units of	Specia						
Prevocational Services Level 1	T2015	U3	HQ			\$	2.39	\$	2.41	15 Minutes	
Prevocational Services Level 2	T2015	U3	22	HQ		\$	2.63	\$	2.66	15 Minutes	
Prevocational Services Level 3	T2015	U3	TF	HQ		\$	2.93	\$	2.96	15 Minutes	
Prevocational Services Level 4	T2015	U3	TF	22	HQ	\$	3.45	\$	3.48	15 Minutes	
Prevocational Services Level 5	T2015	U3	TG	H		\$	4.27	\$	4.31	15 Minutes	
Prevocational Services Level 6	T2015	U3	TG	22	HQ	\$	6.13	\$	6.19	15 Minutes	
Residential Habilitation											
Group Residential Services and Supports- Level 1	T2016	U3	HQ			\$	89.51	\$	90.41	Day	
Group Residential Services and Supports- Level 2	T2016	U3	22	HQ		\$	117.81	\$	118.99	Day	
Group Residential Services and Supports- Level 3	T2016	U3	TF	HQ		\$	138.79	\$	140.18	Day	
Group Residential Services and Supports- Level 4	T2016	U3	TF	22	HQ	\$	163.96	\$	165.60	Day	
Group Residential Services and Supports- Level 5	T2016	U3	TG	HQ		\$	181.12	\$	182.93	Day	
Group Residential Services and Supports- Level 6	T2016	U3	TG	22	HQ	\$	214.32	\$	216.46	Day	
Group Residential Services and Supports- Level 7	T2016	U3	SC	HQ		*NF	₹	*NF	₹	Day	

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Developmental Disabilities

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2017		Rate ffective /01/2018	Unit Value	Comments
Individual Residential Services and Supports- Level 1	T2016	U3				\$	65.80	\$	66.46	Day	
Individual Residential Services and Supports- Level 2	T2016	U3	22			\$	106.33	\$	107.39	Day	
Individual Residential Services and Supports- Level 3	T2016	U3	TF			\$	129.92	\$	131.22	Day	
Individual Residential Services and Supports- Level 4	T2016	U3	TF	22		\$	158.18	\$	159.76	Day	
Individual Residential Services and Supports- Level 5	T2016	U3	TG			\$	181.76	\$	183.58	Day	
Individual Residential Services and Supports- Level 6	T2016	U3	TG	22		\$	228.43	\$	230.71	Day	
Individual Residential Services and Supports- Level 7	T2016	U3	sc			*NF	₹	*NF	₹	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	U3	П			\$	61.03	\$	61.64	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	U3	22	ТТ		\$	98.61	\$	99.60	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	U3	TF	TT		\$	120.48	\$	121.68	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	U3	TF	22	TT	\$	146.70	\$	148.17	Day	
Individual Residential Services and Supports/Host Home- Level 5	T2016	U3	TG	TT		\$	168.56	\$	170.25	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	U3	TG	22	TT	\$	211.86	\$	213.98	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	U3	SC	TT		*NF	?	*Ni	२	Day	
Specialized Medical Equi	ipment a	nd Sup	plies								
Disposable Supplies	T2028	U3				\$	1.00	\$		Dollar	
Equipment	T2029	U3				\$	1.00	\$	1.00	Dollar	



Developmental Disabilities

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Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2017	Rate Effective 07/01/2018		Unit Value	Comments
Supported Employment The maximum Supported Habilitation, Supported Co											
Job Coaching, Group- Level 1	T2019	U3	HQ			\$	3.20	\$	3.23	15 Minutes	
Job Coaching, Group- Level 2	T2019	U3	22	HQ		\$	3.51	\$	3.55	15 Minutes	
Job Coaching, Group- Level 3	T2019	U3	TF	HQ		\$	3.90	\$	3.94	15 Minutes	
Job Coaching, Group- Level 4	T2019	U3	TF	22	HQ	\$	4.51	\$	4.56	15 Minutes	
Job Coaching, Group- Level 5	T2019	U3	TG	HQ		\$	5.39	\$	5.44	15 Minutes	
Job Coaching, Group- Level 6	T2019	U3	TG	22	HQ	\$	7.04	\$	7.11	15 Minutes	
Job Coaching-Individual	T2019	U3	SC			\$	13.20	\$	13.33	15 Minutes	
Job Development-Group	H2023	U3	HQ			\$	4.21	\$	4.25	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U3				\$	13.20	\$	13.33	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U3	22			\$	13.20	\$	13.33	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U3	TF		_	\$	13.20	\$	13.33	15 Minutes	
Job Placement	H2024	U3				\$	1.00	\$	1.00	Dollar	
Job Placement Group	H2024	U3	HQ			\$	1.00	\$	1.00	Dollar	
Vision	V2799	U3				\$	1.00	\$	1.00	Dollar	

	Legend
NR*	Individually approved DDD rate
22	(CPT Defn: Increased procedural services)
HQ	Group Setting
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
U3	Developmentally Disabled (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)

DIDD Targeted Case Management (TCM)

Rates Effective July 1, 2018-June 30, 2019



*PLEASE NOTE: These reimbursement rates are pending CMS approval and may be subject to change

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	tate ective 1/2017	Eff	Rate ective 01/2018	Unit Value	Comments
Targeted Case	T1017	U4				\$	16.09	\$	16.25	15 Minutes	Maximum of 240 units
Management	11011	•				•	10.00	•	10.20	10 111111111111111111111111111111111111	per fiscal year

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Version: 1.0 Date: 06/01/2018

Supported Living Services

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2017	Rate Effective 07/01/2018		Unit Value	Comments
Assistive Technology	T2035	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Behavioral Services											
Behavioral Line Staff	H2019	U8				\$	6.72	\$	6.79	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	U8	22	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 80 units per Service Plan year.
Behavioral Counseling	H2019	U8	TF	TG		\$	25.29	\$	25.54	15 Minutes	Maximum of 208 combined units of
Behavioral Counseling Group	H2019	U8	TF	HQ		\$	8.52	\$	8.61	15 Minutes	Individual and Group Counseling services per Service Plan year.
Behavioral Plan Assessment	T2024	U8	22			\$	25.29	\$	25.54	15 Minutes	Maximum of 40 units and one Behavior Plan Assessment per Service Plan year.
Maximum of 7,112 combin Supported Employment per Specialized Habilitation				TIADIII	auon, c	\$	2.39	\$	2.41	15 Minutes	lional Services, and
Level 1 Specialized Habilitation Level 2	T2021	U8	22	HQ		\$	2.63	\$	2.66	15 Minutes	
Specialized Habilitation Level 3	T2021	U8	TF	HQ		\$	2.93	\$	2.96	15 Minutes	
Specialized Habilitation Level 4	T2021	U8	TF	22	HQ	\$	3.45	\$	3.48	15 Minutes	
Specialized Habilitation Level 5	T2021	U8	TG	HQ		\$	4.27	\$	4.31	15 Minutes	
Specialized Habilitation Level 6	T2021	U8	TG	22	HQ	\$	6.13	\$	6.19	15 Minutes	
Supported Community Connections Level 1	T2021	U8				\$	2.91	\$	2.94	15 Minutes	
Supported Community Connections Level 2	T2021	U8	22			\$	3.18	\$	3.21	15 Minutes	
Supported Community Connections Level 3	T2021	U8	TF			\$	3.59	\$	3.63	15 Minutes	
Supported Community Connections Level 4	T2021	U8	TF	22		\$	4.13	\$	4.17	15 Minutes	
Supported Community Connections Level 5	T2021	U8	TG			\$	4.97	\$	5.02	15 Minutes	
Supported Community Connections Level 6	T2021	U8	TG	22		\$	6.53	\$	6.60	15 Minutes	
Dental Services											



Supported Living Services

Version: 1.2

Date: 06/05/2018

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/201		Rate Effective 07/01/2018	Unit Value	Comments
Basic	D2999	U8				-		-	Dollar	Please refer to DIDD Dental Fee Schedule for
Major	D2999	U8	22			-		-	Dollar	rates
Home Accessibility Adaptations	S5165	U8				\$ 1.0	0	\$ 1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Homemaker										
Basic	S5130	U8				\$ 3.8	6	\$ 3.90	15 Minutes	
Enhanced	S5130	U8	22			\$ 6.2	6	\$ 6.32	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Mentorship	H2021	U8				\$ 10.1	4	\$ 10.24	15 Minutes	Maximum of 192 units per Service Plan year.
Non-Medical Transportat Maximum of 508 units (trip		rvice P	lan yea	ar (all n	nileage	bands plus	pu	blic conveyan	ce).	
Mileage Band 1 (0-10 Miles)	T2003	U8				\$ 6.2	0	\$ 6.20	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	U8	22			\$ 12.9	8	\$ 12.98	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	U8	TF			\$ 19.7	6	\$ 19.76	1 Trip	
Other (public conveyance)	T2004	U8				\$ 1.0	0	\$ 1.00	Dollar	Bus passes or other public conveyance may be used only when equivalent to or more cost effective than the applicable mileage range.
Mileage-Not in Day Program	T2003	U8	sc			\$ 6.2	0	\$ 6.20	4 Trips per week	of 208 units (4 trips per
Personal Care	T1019	U8				\$ 5.0	2	\$ 5.07	15 Minutes	
Personal Emergency Response System (PERS)	S5161	U8				\$ 1.0	0	\$ 1.00	Dollar	
Prevocational Services Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Supported C	om	nmunity Conne	ections, Prevoca	tional Services, and
Prevocational Services Level 1	T2015	U8	HQ			\$ 2.3	9	\$ 2.41	15 Minutes	

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Supported Living Services

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2017		Rate ffective /01/2018	Unit Value	Comments
Prevocational Services Level 2	T2015	U8	22	HQ		\$	2.63	\$		15 Minutes	
Prevocational Services Level 3	T2015	U8	TF	HQ		\$	2.93	\$	2.96	15 Minutes	
Prevocational Services Level 4	T2015	U8	TF	22	HQ	\$	3.45	\$	3.48	15 Minutes	
Prevocational Services Level 5	T2015	U8	TG	HQ		\$	4.27	\$	4.31	15 Minutes	
Prevocational Services Level 6	T2015	U8	TG	22	HQ	\$	6.13	\$	6.19	15 Minutes	
Professional Services		•								•	•
Massage Therapy	97124	U8				\$	18.91	\$	19.10	15 Minutes	
Movement Therapy Bachelors	G0176	U8				\$	15.77	\$	15.93	15 Minutes	
Movement Therapy Masters	G0176	U8	22			\$	23.11	\$		15 Minutes	
Hippotherapy Individual	S8940	U8				\$	21.01	\$		15 Minutes	
Hippotherapy Group Recreational Facility Fees	S8940	U8	HQ			\$	8.93	\$	9.02	15 Minutes	
/ Passes	S5199	U8				\$	1.00	\$	1.00	Dollar	
Respite Care								_		<u> </u>	
		l								l .	Use Individual Day rate
Individual	S5150	U8				\$	5.02	\$	5.07	15 Minutes	when Respite services exceed 40 units (10
Individual Day	S5151	U8				\$	200.68	\$	202.69	Day	hours) in a 24 hour period.
Group	S5151	U8	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid
Camp (Group, Overnight)	T2036	U8				\$	1.00	\$	1.00	Dollar	for Individual Respite.
Specialized Medical Equi	pment a	nd Sup	plies								
Disposable Supplies	T2028	U8				\$	1.00	\$		Dollar	
Equipment	T2029	U8				\$	1.00	\$	1.00	Dollar	
Supported Employment Maximum combined units of is 7,112 units per plan yea		lized H	abilitat	ion, Su	pporte	d Cor	mmunity (Conr	nections, F	Prevocational an	d Supported Employment
Job Coaching, Group- Level 1	T2019	U8	HQ			\$	3.20	\$	3.23	15 Minutes	
Job Coaching, Group- Level 2	T2019	U8	22	HQ		\$	3.51	\$	3.55	15 Minutes	
Job Coaching, Group- Level 3	T2019	U8	TF	HQ		\$	3.90	\$	3.94	15 Minutes	
Job Coaching, Group- Level 4	T2019	U8	TF	22	HQ	\$	4.51	\$	4.56	15 Minutes	
Job Coaching, Group- Level 5	T2019	U8	TG	HQ		\$	5.39	\$	5.44	15 Minutes	
Job Coaching, Group- Level 6	T2019	U8	TG	22	HQ	\$	7.04	\$	7.11	15 Minutes	
Job Coaching-Individual	T2019	U8	sc			\$	13.20	\$	13.33	15 Minutes	

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Supported Living Services

Rates Effective July 1, 2018-June 30, 2019



			•				Dete		Data		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2017	_	Rate ffective /01/2018	Unit Value	Comments
Job Development-Group	H2023	U8	HQ			\$	4.21	\$	4.25	15 Minutes	
Job Development, Individual-Levels 1-2	H2023	U8				\$	13.20	\$	13.33	15 Minutes	
Job Development, Individual-Levels 3-4	H2023	U8	22			\$	13.20	\$	13.33	15 Minutes	
Job Development, Individual-Levels 5-6	H2023	U8	TF			\$	13.20	\$	13.33	15 Minutes	
Job Placement-Individual	H2024	U8				\$	1.00	\$	1.00	Dollar	
Job Placement-Group	H2024	U8	HQ			\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U8				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Vision	V2799	U8				\$	1.00	\$	1.00	Dollar	

Support Level Authorization Limits (SPAL)										
Support Level 1	\$13,538.37									
Support Level 2	\$18,099.99									
Support Level 3	\$20,362.36									
Support Level 4	\$23,419.48									
Support Level 5	\$28,188.99									
Support Level 6	\$37,055.14									

Overall Service Plan Limit
\$47,524.86

Legend						
22	(CPT Defn: Increased procedural services)					
HQ	Group Setting					
SC	Medically Necessary Service or Supply					
TF	Intermediate Level of Care					
TG	Complex/High Tech Level of Care					
TT	Individualized service provided to more one patient in the same setting					
U8	Supported Living Services (HCPCS Defn: Medicaid Level of Care 1, as defined by each state)					

Children's Extensive Supports Waiver

Rates Effective July 1, 2018-June 30, 2019



	Proc	Mod	Mod	Mod	Mod	F	Rate		Rate		
Service Description	Code	#1	#2	#3	#4		ective 01/2017		fective 01/2018	Unit Value	Comments
Adapted Therapeutic Rec	creationa	ıl Equi	pment	and Fe	ees	10/0	71/2017	011	01/2010		
Equipment	T1999	U7				\$	1.00	\$	1.00	Dollar	Maximum \$1,000 units per year (i.e., \$1,000.00 per year combined limit)
Fees	S5199	U7				\$	1.00	\$	1.00	Dollar	
Assistive Technology	T2035	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Behavioral Services											
Behavioral Consultation	H2019	U7	22	TG		\$	25.29	\$	-	15 Minutes	All Behavioral Services for children under the age of 21 should be accessed through EPSDT effective 7/1/18. Claims for Behavioral Services for dates of service 7/1/18 and after will be denied if billed under the HCBS CES Waiver.
Behavioral Counseling	H2019	U7	TF	TG		\$	25.29	\$	-	15 Minutes	
Behavioral Counseling Group	H2019	U7	TF	HQ		\$	8.52	\$	-	15 Minutes	
Community Connector	H2021	U7				\$	8.45	\$	8.53	15 Minutes	
Home Accessible Adaptations	S5165	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).
Homemaker											
Basic	S5130	U7				\$	3.86	\$	3.90	15 Minutes	
Enhanced	S5130	U7	22			\$	6.26	\$	6.32	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to individual behavioral or medical needs.
Parent Education	H1010	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$1,000 per Service Plan year.

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Version: 1.2 Date: 07/09/2018

Children's Extensive Supports Waiver

Version: 1.2

Date: 07/09/2018

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc	Mod	Mod	Mod	Mod		Rate fective	E	Rate ffective	Unit Value	Comments
·	Code	#1	#2	#3	#4	10/	01/2017	07	/01/2018		
Personal Care	T1019	U7				\$	5.02	\$	-	15 Minutes	Personal Care is available to children under 21 years of age through State Plan or EPSDT effective 7/1/18. Claims for Personal Care for dates of service 7/1/18 and after will be denied if billed under the HCBS CES Waiver.
Professional Services											
Hippo Therapy	S8940	U7				\$	21.01	\$		15 Minutes	
Hippo Therapy Group	S8940	U7	HQ			\$	8.93	\$	9.02		
Massage	97124	U7				\$	18.91	\$	19.10	15 Minutes	
Movement Therapy- Bachelors	G0176	U7				\$	15.77	\$	15.93	15 Minutes	
Movement Therapy- Masters	G0176	U7	22			\$	23.11	\$	23.34	15 Minutes	
Respite Maximum of 30 days and 1	,880 add	litional	15 min	ute uni	ts per S	Servi	ce Plan y	ear.			
Respite Services- Individual	S5150	U7				\$	5.02	\$	5.07	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10 hours) in a 24 hour period.
Respite Services- Individual, Per Diem	S5151	U7				\$	200.68	\$	202.69	Day	
Respite Services-Group	S5151	U7	HQ			\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid
Camp (Group, Overnight)	T2036	U7				\$	1.00	\$	1.00	Dollar	for Individual Respite.
	Specialized Medical Equipment and Supplies Services may be authorized up to the pre-established CCB thresholds, beyond which DDD prior authorization is required.										
Disposable Supplies	T2028	U7				\$	1.00	\$		Dollar	
Equipment	T2029	U7				\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	U7				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19).



Children's Extensive Supports Waiver

Rates Effective July 1, 2018-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 10/01/2017	Rate Effective 07/01/2018	Unit Value	Comments
Vision Services	V2799	U7				\$ 1.00	\$ -	Dollar	Vision Services for children under 21 years of age are available through EPSDT or State Plan effective 7/1/18. Claims for Vision Services for dates of service 7/1/18 and after will be denied if billed under the HCBS CES Waiver.

Overall Service Plan Limit
\$38,860.74

Legend						
22	(CPT Defn: Increased procedural services)					
HQ	Group Setting					
HR	Relative providing care					
TF	Intermediate Level of Care					
TG	Complex/High Tech Level of Care					
U7	Children's Extensive Support					

Home and Community Based Services FY 18-19 Rate Schedules

Version: 1.0 Date: 06/01/2018



ADJUSTMENT TABLE									
WAIVER TYPE	PERCENT CHANGE	MULTIPLIER							
HCBS EBD	1.000%	1.01000							
HCBS CMHS	1.000%	1.01000							
HCBS BI	1.000%	1.01000							
HCBS SCI	1.000%	1.01000							
HCBS DD	1.000%	1.01000							
HCBS TCM	1.000%	1.01000							
HCBS SLS	1.000%	1.01000							
HCBS/DDD/DHS CES	1.000%	1.01000							
HCBS/DDD/DHS CWA	1.000%	1.00000							
HCBS/DDD/DHS CLLI	1.000%	1.01000							
HCBS/DDD/DHS CHCBS	1.000%	1.01000							
HCBS/DDD/DHS CHRP	1.000%	1.01000							

